

## INFORMATION REPORT INFORMATION REPORT

## CENTRAL INTELLIGENCE AGENCY

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Antibiotics

1. Penicillin and streptomycin are available everywhere in the USSR in adequate quantities. Terramycin was given to one member of the delegation who was ill in Moscow. There seems some reluctance to prescribe antibiotics in the smaller hospitals. This may be a carry-over of prescribing habits from the days when antibiotics were scarce. Sulpha drugs and anti-malarials are available. There is little malaria in the Caucasus region. No new chomotherapeutic measures were encountered. Antibiotics are not prescribed in such generous doses as is believed advisable. A quantity so small as to be useless was given to one delegate in the form of a throat spray in treatment for a sore throat. 25X1

Blood Plasma Substitutes and Blood Transfusion

2. At the Institute for Blood Transfusion in Leningrad, the delegates were shown dextran and a polyvinyl preparation. They saw also a new plasma substitute made from the seeds of a leguminous plant, which was being tried out. The emphasis, however, is on the use of blood rather than a substitute wherever possible. Cadaver blood is only being used at one hospital, the Sklivassovskiy in Moscow. Blood from donors is limited to about one-half pint on each occasion and paid for at the rate of 60 rubles per 100 c.c.

Cortisone and ACTH

3. The delegates were at first told that cortisone is being made in the USSR, but when, at Polyclinic 71 in Moscow, a delegate asked to see some, he was shown and was assured that all the small amount of cortisone available was imported. It is only available at the larger hospitals and their polyclinics. No ACTH was seen, but a delegate was told that it was made in the USSR. Cortisone and ACTH and some of the newer antibiotics appear to be the only drugs in short supply. All the usual vaccines and sera are freely available. There was no evidence that their drugs were in short supply. Since the end of World War II, the black market has disappeared. 25X1

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Hypertension

4. Although it was impossible to obtain any definite figures on the incidence of hypertension, it is common. Every general hospital ward had several cases. At the Institute of Therapy and Internal Medicine in Moscow, Professor Miaznikov (fnu) is doing research work on hypertension. All the usual forms of treatment are practised, but surgical treatment (sympathectomy) is unpopular. Sleep therapy is employed for hypertension and many other diseases. the Ministry of Health answer that hypertension is not common and that "our health services are not preoccupied with the problem of hypertension." It appeared that no hypnotic or emotional treatment is being given for hypertension.

Causes of Death in the USSR

5. No actual figures were given, only percentages; i.e.: if the incidence of a disease could be taken as 100 percent before World War II it was now 40 percent. The minister said that the chief cause of death in the USSR is old age and "weakness of the cardio-vascular system". It appeared to be true that an unusual number of people in Georgia live to be over 100.

Unusual Diseases

6. A pocket of virus encephalitis was said to exist in the far eastern part of the USSR. There is little scarlatina or malaria. There has been no epidemic of poliomyelitis for many years, but sporadic cases occur. Examples of the results of poliomyelitis were evident in the streets in Moscow, but there seemed reluctance to agree that the disease occurs. One case of poliomyelitis was reported to the Soviet Ministry of Health, but Soviet doctors declared it to be a case of sciatica.
7. Retro-lental fibroplasia in premature infants and coeliac disease in older children are rare. There is an unusually high incidence of congenital dislocation of the hips in Czechoslovakia, which is not a result of bad obstetrics. There is little malaria.

Polyclinics

8. Outpatient work, including X-ray examinations, is done by polyclinics where patients go to be examined. Every Soviet is examined regularly by doctors, some people every six months, some two or three times a year. There is nothing like the family doctor in the USSR. A Soviet with an earache goes to the polyclinic to see an ear specialist, and children go to the children's polyclinic. The tendency is to separate a family in sickness. Polyclinics give drugs free of charge to patients on their premises, but if the patient takes a drug home, he must pay for it.

Sanatoriums

9. Sochi Sanatorium is a large establishment with six different buildings for different sorts of workers. Most of the inmates looked healthy, so probably they were sent there to rest rather than to receive a cure from a specific disease.
10. The inmates of Sochi are under supervision; for instance, when patients go swimming, the time they spend in the water is noted by a female supervisor who sits in a shelter on the beach. A patient pays 30 percent of the cost of his stay at the sanatorium plus his fare, provided he gets a doctor's certificate; the patient's trade union pays the other 70 percent. Medical certificates to stay at a sanatorium are not difficult to get. Workers are entitled to stay one month but coal miners two months. Coal miners are prosperous and have big cars. There is a similar sanatorium in the Urals, and a delegate was told that a worker could ask to go there but would have to pay his own fare.

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Hospitals

11. Wards in Moscow and Leningrad were overcrowded, and beds were low, narrow, and too numerous in each room, but in Tbilisi the hospital was not overcrowded.

Position of Doctors

12. On qualification, a young doctor is seen by a commission which discusses what kind of work he wants to do. They then find him a job. For the ordinary doctor it is difficult to move once he is in a post; for senior doctors, transfers are possible. They are arranged by the Ministry of Health as follows:
- a. If a senior person is needed in another place. These senior posts are sometimes advertised in the press.
  - b. If a visiting commission finds that a doctor is inefficient or unsuited to his post, it may recommend his transfer elsewhere, or that he be placed on pension.

Neither of these types of transfer seem to be often used.

13. Private practice is allowed after the hours of work in the hospital or polyclinic are finished, but there is little call for it except in a few specialties such as neurosurgery. The idea of any doctor wanting to do private practice was received with incredulity. Private practice is considered to be wrong.

Salaries

14. On qualification, a doctor gets 660 rubles, which soon is raised to 1,200 rubles a month. The director of a polyclinic gets 1,750 rubles a month. Specialists get more. The director of a medical institute who also has a higher degree gets 8,000 rubles a month. A physician or surgeon gets 7,000 rubles a month. If he is the chief physician or surgeon, he gets, in addition, half the salary, i. e., 11,500 rubles a month. The most an ordinary practitioner in a polyclinic can get if he has no higher qualifications is 1,200 rubles a month. The working day of a doctor is six and one-half hours and only four to six hours in the case of radiologists and those treating tuberculosis and infectious diseases.

Training of Doctors

15. After three years, the student decides whether to become a Pediatrician, a hygienist, or a general practitioner; thereafter, his training is specialized. All examinations are oral and practical. They all include tests of knowledge of the principles of Marxism and Leninism. Feldshery, persons who seem to be half doctor and half nurse, are still being trained. In many places there seems to be an excess of doctors, as in creches and sanatoriums, with little clinical work to do. The number of doctors is estimated at one to every 660 of the population. In one creche, 125 children were attended by 20 doctors.

Knowledge of Western Methods

16. Most Western methods seem to be used, but some treatments considered obsolete are still in use, e. g. cupping and static electricity. The Soviets seem to be afraid of, or unable to use, general anaesthesia, and many operations are done under local anaesthesia. Much of the teaching and research work is now orientated to the teachings of the physiologist Pavlov (1849-1936). The Pavlovian theories are everywhere being advanced; there is an official directive to use Pavlovian methods and explanations, which is obeyed in varying degrees in various places. Pavlov's picture is now to be seen on institution walls. Western ideas of treatment and research were much more evident in Prague than in Moscow.

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Opinion of Soviet Medicine

18. The summary of one delegate was that "The Soviet methods in medicine are definitely not ours, but they are doing a job thoroughly."

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